

FILED JAN 22 1942

Registration District No. **618**

Primary Registration District No. **4369**

Registrar's No.

1. PLACE OF DEATH

(a) County **Nodaway County**
(b) City or town **Burlington Jct.**
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **45 yrs.** (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME **SILAS AIKEN BICE**

3. (b) If veteran, **no** name war **no**
3. (c) Social Security No. **500-07-1668**

4. Sex **DM**
5. Color or race **W.**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary Elizabeth**
6. (c) Age of husband or wife if alive **70** years
7. Birth date of deceased **Oct. 20, 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **2** Days **16**
If less than one day hr. min.

9. Birthplace **McDonough Co. Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business

MOTHER FATHER { 12. Name **Isaac Bice**
13. Birthplace **not known Ill.**
(City, town, or county) (State or foreign country)
14. Maiden name **Amanda Louise Hainline**
15. Birthplace **not known Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Bice**

(b) Address **Burlington Jct. Mo.**

17. (a) **Burial** (b) Date thereof **Jan. 8, 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Ohio Cemetery, Price Funeral Home**

18. (a) Signature of funeral director

(b) Address **Marionville Mo.**

19. (a) **Jan 8 1942** (b) **J. E. Carnichael**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Nodaway**
(c) City or town **Burlington Jct.**
(If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **6**
year **1942** hour **4** minute **30 a.** M.

21. I hereby certify that I attended the deceased from **19** to **19**

that I last saw him alive on **19**

and that death occurred on the date and hour stated above

Immediate cause of death **Cerebral Hemorrhage** Duration

Due to

Due to

Other conditions **Stroke 6 yrs ago**
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy **no**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work? (e) Means of injury

23. Signature **J. E. Carnichael** (M. D. or other)

Address **212 E. 1st Marionville Mo.** Date signed **Jan 8 1942**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Price

Licensed Embalmer No. 1822

P. O. Address Mayville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.